

needed for a training programme, which should be centred on university teaching hospitals.

Dr. H. Hoyle Campbell then performed the very difficult task of summarizing the thinking of the meeting. It is expected that the Committee on Rehabilitation of the Canadian Medical Association, guided by the expressions of opinion at the conference, will draw up a statement of the policy of organized medicine in Canada, as represented by the Canadian Medical Association, on rehabilitation. This statement will be presented to the Executive Committee of the C.M.A. for its consideration.

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### THANK YOU, FELLOW-TRAVELLERS!

THE ANNOUNCEMENT in the January 15 issue of the Journal to the effect that the B.M.A.-C.M.A. currency exchange plan was open for the current year has brought such a flood of offers from Canadian doctors that the quota is filled. The arrangement authorized by the Bank of England permits only three British Medical Association members per year to deposit £200 and to receive \$560 on arrival in Canada, and the prompt and generous response of travelling Canadian doctors has over-subscribed the fund.

We are grateful for the interest of Canadian Medical Association members in all parts of the country but the rules will not permit us to accept further deposits of Canadian funds. If you require sterling for travel in Britain, please obtain it through normal banking channels as the B.M.A.-C.M.A. currency exchange plan is closed until early 1956. A.D.K.

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## CORRESPONDENCE

### TRICHINOSIS

To the Editor:

The treatment of most helminth infestations is notoriously difficult and we should welcome any attempt to improve this unsatisfactory state of affairs.

In the assessment of any therapeutic measure the first requirement would appear to be an unequivocal diagnosis. Dr. J. J. Fortier (*Canad. M. A. J.*, 72: 298, 1955) has described the treatment of three cases of trichinosis with ACTH and cortisone. There is fairly strong circumstantial evidence in the three case histories to suggest *Trichinella spiralis* infestation but in none of them was the larva clearly demonstrated in voluntary muscle. The three patients were exhaustively investigated but the significant findings were limited to: (1) a history of eating raw pork; (2) eosinophilia; and (3) positive *Trichinella* skin tests.

Raw or poorly cooked pig meat is frequently ingested by humans, particularly those with the Central European and Italian habit of using spiced sausages. Eosinophilia is, as yet, a largely unexplained phenomenon; however, it is known to occur in certain conditions of which Wintrobe (*"Clinical Hematology,"* 3rd ed.) lists more than twenty. Thus its presence is merely an indication for further investigation and a limiting factor in the

differential diagnosis. The *Trichinella* skin test is not specific, as group reactions have been described in patients harbouring helminths other than *Trichinella spiralis* and false positive and non-specific reactions occur (described by Stitt in "Practical Bacteriology, Haematology and Parasitology" and by Strong in "Stitt's Tropical Diseases").

There is no doubt that, as a physician, Dr. Fortier relieved the patients of their symptoms but I suggest that, in the absence of a clear demonstration of the parasite, he has failed to prove the value of ACTH and cortisone in trichinosis. D. SHUTE, M.D., D.T.M.

Provincial Laboratory  
of Public Health,  
Calgary, Alta., March 1, 1955

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### WATER SOFTENING AND LOW-SODIUM DIETS

To the Editor:

The increasing use of water-softening equipment should not be overlooked by physicians in the care of patients who require a low-sodium diet.

It was brought forcibly to my attention recently by a patient who had been digitalized and on a low-sodium diet for congestive failure, with satisfactory results, for an extended period of time. When she began to get oedematous again, she herself surmised that the water-softening equipment, installed some weeks before, was to blame.

Upon having the softened water and the ordinary water tested for sodium, there was found to be a ten-fold increase in the former. Simply discontinuing use of the water-softener was sufficient to return the patient to cardiac compensation.

Inquiry among my colleagues revealed that they too had either not known or had forgotten this possible source of difficulty in enforcing a low-sodium diet. If this is generally the case, I thought it might be desirable to focus attention on it through these columns.

It is true that some of the low-sodium diet sheets mention the avoidance of softened water. However, it may be overlooked or forgotten in the mass of detail such a diet entails. In addition, patients living in rented quarters may not think about the possibility of the water supply's having been treated by a softening process.

St. Thomas, Ont.  
Feb. 16, 1955.

E. L. BROWN, M.D.

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## SPECIAL CORRESPONDENCE

### The London Letter

(From our own correspondent)

#### PARLIAMENT AND PROPRIETARIES

Matters of medical interest have been very much to the fore in the House of Commons recently. One reason for this is that the Minister of Health had to ask for a supplementary estimate of £5 million, the sum by which his department had underestimated the cost of the National Health Service during the current fiscal year. As practically half of this sum was attributable to the increased cost of the pharmaceutical services, there was the usual attempt by the opposition to lay the blame on the pharmaceutical companies. The Minister of Health had to admit that a "major factor in the increased cost"